

Parties

1. Plaintiff, Ronald Green, is a citizen and resident of Delaware County in the Commonwealth of Pennsylvania, residing at 303 W. 22nd Street, Chester, PA 19013.

2. Defendant, United States of America, is a body politic which for the purposes of this litigation operates through its executive branch an agency, The United States Department of Navy, with offices located at 9620 Maryland Avenue, Suite 205, Norfolk, VA 23511-2949, subject to service of process at 9620 Maryland Avenue, Suite 205, Norfolk, VA 23511-2949 and c/o United States Attorney General, Department of Justice, 950 Pennsylvania NW, Washington, DC 20530; and further subject to process at U.S. Attorney's Office within the Eastern District of Pennsylvania at 615 Chestnut Street, Suite 1250, Philadelphia, PA 19106.

3. Defendant, John R. Luis, is an adult individual and upon information and belief, citizen of and resident of the Commonwealth of Pennsylvania, with a home address located at 2501 Ford Road, Bristol, PA 19007.

4. At all times material hereto, defendant acted through its agencies, agents, officers, employees and/or any and all individuals acting on behalf of the United States of America in an official capacity and more specifically, by and through the conduct of their agent, John R. Luis, who upon information and belief resides at 2501 Ford Road, Bristol, PA 19007.

5. At all times material hereto, defendant John R. Luis, being the operator of a certain motor vehicle involved in a motor vehicle collision with plaintiff was at all times acting in the scope of his agency and employment as an employee or agent of defendant United States of America.

6. At all times material hereto, the aforementioned agencies, agents, officers and employees were acting within the scope of their respective offices and/or employment and/or were acting in the line of duty and/or for the benefit of the United States of America.

Factual Background

7. On October 25, 2016, March 31, plaintiff presented a claim for bodily injuries arising from a motor vehicle collision which occurred on December 10, 2014 to the Department of Navy, Office of the Judge Advocate General, Tort Claims Unit, Norfolk, VA, by certified mail delivery , receipt of which was acknowledged on October 26, 2016.

8. Plaintiff submitted a demand for settlement of bodily injury claims in the amount of Three Hundred Fifty Thousand Dollars (\$350,000.00).

9. More than six (6) months have lapsed since the submission of plaintiff's demand for settlement of this claim/demand for settlement and defendant has neither acknowledged receipt of the claim, denied the claim nor made any offer of settlement.

10. This Complaint is timely filed and properly filed as defendant has failed to acknowledge plaintiff's claim, deny plaintiff's claim or make offer of settlement and this claim is filed in accord with the time frame set forth by law.

11. At all times relevant hereto and currently, defendant John R. Luis was operating a 2012 Chevrolet Express motor vehicle, plate number G420619M, which vehicle was owned by the United States Federal Government.

12. Upon information and belief, at all times relevant hereto, defendant John R. Luis was operating in his capacity as the agent, servant, workman or employee of defendant United States of America and more specifically, the Department of Navy.

13. On December 10, 2014, while operating the said motor vehicle, defendant John R. Luis, while traveling in a southbound direction on Interstate 95 in the area of Mile Mark 33.7 in Bensalem Township, Bucks County, did fail to observe vehicles slowing and stopped ahead of him and did violently collide with the rear of the 2006 Dodge Charger motor vehicle, Pennsylvania Registration JBC7143, operated by plaintiff.

COUNT I
Ronald Green v. All Defendants
Negligence

14. Plaintiff incorporates herein all preceding paragraphs of this Complaint as though fully set forth at length.

15. At all times relevant hereto, defendants, individually and through its agencies, agents, officers and/or employees, and while in the scope of such agency or employment, were negligent generally and specifically in the following regards:

- a. operating the vehicle at an excessive rate of speed under the circumstances;
- b. failing to have the vehicle under proper and adequate control;
- c. failing to apply the brakes in time to avoid a collision;
- d. negligently applying the brakes;
- e. failing to observe the plaintiff's vehicle on the highway;
- f. failing to operate the vehicle in accordance with existing traffic conditions and traffic controls;
- g. failing to drive at a speed and in a manner consistent with keeping the vehicle under control;
- h. failing to keep a reasonable lookout for other vehicles lawfully on the road;
- I. operating the vehicle in a manner not consistent with the road and weather conditions prevailing at the time;
- j. failing to have the vehicle under proper and adequate control and failing to keep the vehicle in the proper lane of travel; and

k. otherwise operating said vehicle in a careless, reckless and negligent manner and in a manner violating the motor vehicle code of the Commonwealth of Pennsylvania.

16. As a result of the negligence of defendant, individually and by and through the actions and conduct of their agent, servant, workman or employee, plaintiff was caused to suffer various physical injuries including but not limited to:

a. Cerebral concussion with post-concussive syndrome and traumatic brain injury;

b. Acute cervical strain and sprain with aggravation of pre-existing asymptomatic cervical spondylosis;

c. Acute lumbosacral sprain and strain;

d. Rib contusions;

e. Right occipital neuralgia;

f. Post-traumatic cephalgia;

g. Right cervical strain with trapezial fibromyositis.

17. As a direct result of the aforesaid motor vehicle collision, plaintiff suffered severe shock to his nerves and nervous system, great physical pain and mental anguish, all of which may continue for an indefinite period into the future.

18. Plaintiff has been compelled to expend various sums of money for medications in an attempt to remedy the aforementioned injuries.

19. As a result of the aforesaid collision, plaintiff may have in the past and may in the future suffer lost earnings and lost earning capacity.

20. As a result of the collision and plaintiff's injuries, plaintiff may have suffered a permanent disability and permanent impairment of body function and impairment of earning capacity.

21. As a direct result of the collision and plaintiff's injuries, plaintiff has been prevented from attending to his usual duties and obligations and believes that he may be prevented from doing so into the future.

22. The aforementioned acts or omissions occurred under circumstances such that if defendant were a private entity and/or person, liability would be imposed under the laws of the Commonwealth of Pennsylvania.

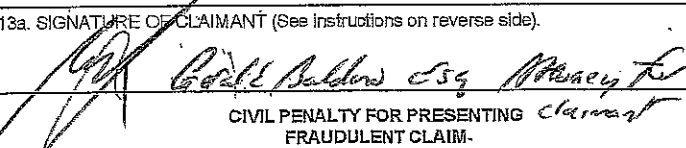
23. The negligence of defendants was a factual and legal cause and substantial factor in bringing about plaintiff's injuries and damages more fully set forth at length herein.

WHEREFORE, plaintiff demands judgment in his favor and against Defendants in the amount demanded in Plaintiff's Form 95 which was submitted on October 25, 2016, a true and correct copy of which is attached hereto as Exhibit "A", plus any and all relief available under applicable law.

Respectfully submitted,

/s/ GB1533
GERALD B. BALDINO, JR., ESQUIRE
Attorney I.D. Number 55624
SACCHETTA & BALDINO
308 E. 2nd Street
Media, PA 19063
610-891-9212
Attorney for Plaintiff

EXHIBIT A

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: Department of the Navy Office of the Judge Advocate General Tort Claims Unit Norfolk 9620 Maryland Avenue, Suite 205 Norfolk, VA 23511-2949			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Ronald Green 303 W. 22nd Street Chester, PA 19013		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 10/27/88	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 12/10/14	7. TIME (A.M. OR P.M.) 6:00 P.M. ±	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Plaintiff asserts claims for bodily injuries resulting from a rear-end motor vehicle collision, which occurred December 10, 2014. The collision occurred on the southbound lane of Interstate 95 at about the Woodhaven Road exit, Philadelphia, Pennsylvania. Plaintiff's vehicle was struck in the rear by a vehicle operated by military personnel, John Luis, while driving a federal government vehicle.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). N/A					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. (1) Cerebral concussion with post-concussive syndrome/mild traumatic brain damage; (2) Acute cervical strain and sprain with aggravation of pre-existing cervical spondylosis; (3) Acute lumbosacral strain and sprain; (4) Rib contusions; (5) Post-traumatic headaches; (6) Right occipital neuralgia; and (7) Trapezius fibromyositis. (See settlement demand and records attached!)					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Ronald Green (Plaintiff) John Luis (Former Navy driver) Joshua Sellers (Passenger in Department of the Navy vehicle)		303 W. 22nd Street, Chester, PA 19013 c/o Department of the Navy e/o Department of the Navy			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$350,000.00	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$350,000.00.		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM 610-891-9222	14. DATE OF SIGNATURE 10/24/16	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM.			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

State Farm Insurance Company
P.O. Box 106114
Atlanta, GA 30348-6114
Claim No. 38-5M22-057

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

I claimed only first party medical benefits with coverage of \$5,000.00. I claim medical expenses over and above first party medical benefits.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

My insurance carrier has paid the property damage aspect of this claim and has paid first party medical benefits in the amount of \$5,000.00.

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

None, other than State Farm Insurance Company. See 15 above.

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

Incident Number: M03-1561302

Police Crash Report

REPORTABLE CRASH

Crash Involves:

☐ DUI☐ Fatality☐ Hit and Run☐ Commercial Vehicle☐ State Police Vehicle☐ Local Police Vehicle☒ N/A☐ Work Zone☐ ATV☐ Snowmobile☐ Commonwealth Vehicle☐ Local Gov Vehicle

Police Agency Data	Agency Name PA STATE POLICE - TREVOSE				Case Closed YES		Patrol Zone 23		Investigation Date 12/10/2014					
	Dispatch Time 17:46 hrs.		Arrival Time 18:00 hrs.		Investigator JONES, RACHEL				Badge Number 11276					
	Approval Date 12/12/2014				Reviewer NACIOS, CHRISTOPHER A				Reviewer Badge Number 08704					
Crash Data	Date of Crash 12/10/2014		Time of Crash 17:46 hrs.		Day of the Week WEDNESDAY		Crash Description REAR END							
	County BUCKS				Municipality BENSALEM TWP									
	Weather Conditions NO ADVERSE CONDITIONS				Relation to Roadway ON TRAVEL LANES									
	Illumination DARK-NO STREET LIGHTS				Road Surface Conditions DRY									
	# of Units 002	# of People 003	# of Injured 001	# Killed 000	EMS Agency BENSALEM EMS			Medical Facility ARIA TORRESDALE HOSPITAL						
	School Bus Related NO	School Zone Related NO	PennDOT Notified NO	Type of Intersection MIDBLOCK			Special Location NOT APPLICABLE							
Work Zone	Work Zone NO		Work Zone Type		Where in Work Zone									
	Speed Limit	Workers Present	Officer Present	Work Zone Characteristics <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other										
Principal Road	Route Signing STATE HIGHWAY			Route Number 0095		Segment Number		Travel Lanes 03		Speed Limit 55 MPH		Orientation SOUTH		
	House Number			Street Name I-95							St. Ending HIGHWAY			
Intersecting Rd.	Used in Intersection Crashes		Route Signing			Route Number		Segment Number		Travel Lanes		Speed Limit		
			Street Name									St. Ending		
Distance From Landmark Used for Mid-Block Crashes.	Landmark 1	Route Number		Or Mile Post		Tenths		Or Segment Marker		Ramp Use Only		Feet		
		Street Name TENNIS						Street Ending AVENUE				Or Miles 00		
	Landmark 2	Route Number		Or Mile Post		Tenths		Or Segment Marker		Ramp Use Only		The above entry is the distance from the Crash Scene to Landmark 1		
		Street Name MILL						Street Ending ROAD						
GPS	Latitude: 40		Degrees 03		Minutes 42		Seconds 412		Longitude: 74		Degrees 58		Minutes 31	
TCD	Traffic Control Device NOT APPLICABLE				Traffic Control Functioning NO CONTROLS									
	Lane Closed NOT APPLICABLE		Lane Closure Direction		Traffic Detoured		Estimated Time Closed							
Event Information	Environmental / Roadway Potential Factors (E/R)													
	Factor 1 NONE				Factor 2				Factor 3					
	First Harmful Event in the Crash						Most Harmful Event in the Crash							
	Unit Number 001		Harmful Event HIT UNIT 2				Unit Number 001		Harmful Event HIT UNIT 2					
	Indicated Prime Factor DRIVER ACTION				Unit Number 001		Prime Factor Driver Action DRIVING TOO FAST FOR CONDITIONS							
	Prime Factor Environmental/Roadway				Prime Factor Vehicle Failure				Prime Factor Pedestrian Action					
	Road Surface Type						Special Jurisdiction							

Incident Number: M03-1561302

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☐ DUI☐ Fatality☐ Hit and Run☐ Commercial Vehicle☐ State Police Vehicle☐ Local Police Vehicle☒ N/A☐ Work Zone☐ ATV☐ Snowmobile☐ Commonwealth Vehicle☐ Local Gov Vehicle

Driver/Pedestrian Information	Unit Number	Type Unit		Commercial Vehicle				
	1	Motor Vehicle in Transport		No				
	First Name		MI	Last Name		Suffix	DOB	Telephone Number
	JOHN		R	LUIS			05/23/1986	(405) 600-5188
	Street Address			City			State	Zip Code
	2501 FORD RD			BRISTOL			PA	19007
	Gender	License Number	License State	Class	Expiration Date	Owner/Driver		
	MALE	N081134302	OK	B	10/30/2015	FEDERAL GOV VEHICLE		
	Driver Presence		Physical Condition		Primary Vehicle Code Violation			Person Charged
	DRIVER OPERATED VEHICLE		APPARENTLY NORMAL		PAVC 3361 DRIVING VEHICLE AT SAFE SPEED			YES
Alcohol/Drugs Suspected			Alcohol Test Type		Alcohol Test Results			
NO			TEST NOT GIVEN					
Driver Action DRIVING TOO FAST FOR CONDITIONS, TAILGATING								
Pedestrian Action				Pedestrian Signals		Pedestrian Clothing	Pedestrian Location	
1st Harmful Event				Left or Right Side	Most Harmful	Utility Pole Number		
HIT UNIT 2.					YES			
2nd Harmful Event				Left or Right Side	Most Harmful	Utility Pole Number		
3rd Harmful Event				Left or Right Side	Most Harmful	Utility Pole Number		
4th Harmful Event				Left or Right Side	Most Harmful	Utility Pole Number		

Vehicle Information	Owner First Name			Owner MI	Owner Last Name or Business Name			Suffix
					HQ BTRY 3RD BN 14TH MAR			
	Street Address			City			State	Zip Code
	2501 FORD RD			BRISTOL			PA	19007
	Vehicle Type			Special Usage			Government Equipment Number	
	VAN			NOT APPLICABLE				
	Model Year	Vehicle Make		Vehicle Model		Vehicle Color	VIN	
	2012	CHEVROLET		EXPRESS		BLACK	1GN5GBF44C1189266	
	License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By			
	G420619M	ZG	040	NO				
	Insurance	Insurance Company			Policy Number			Expiration Date
	YES	US GOVERNMENT			00000000			
	Direction of Travel	Vehicle Position			Vehicle Movement			Initial Impact Point
	SOUTH	LEFT LANE			GOING STRAIGHT			12 O'CLOCK
	Damage Indicator	Gradient		Road Alignment	Possible Vehicle Failures			
MINOR	LEVEL		STRAIGHT	NONE				
Trailing Units	# of Units	Type Unit 1	Tag Number		Tag Year		Tag State	
	0							
	Unit Make			Unit Owner				
	Type Unit 2	Tag Number		Tag Year		Tag State		
Motorcycle	Unit Make			Unit Owner				
	Engine Size	Passenger?		Saddle Bag/Trunk?		Trailer?		Driver Education?
	cc							
	Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?	Long Pants?	Over Ankle Boots?
Pedalcycle	Passenger Helmet Type	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?	Long Pants?	Over Ankle Boots?
	Passenger?			Helmet?				
	Head Lights?			Rear Reflectors?				

Incident Number: M03-1561302

Police Crash Report

REPORTABLE CRASH

Crash Involves:

☒ DUI ☐ Fatality ☐ Hit and Run ☐ Commercial Vehicle ☐ State Police Vehicle ☐ Local Police Vehicle
☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

Driver/Pedestrian Information	Unit Number	Type Unit		Commercial Vehicle	
	2	Motor Vehicle in Transport		No	
	First Name		MI	Last Name	Suffix
	RONALD		C	GREEN	Jr
	DOB		Telephone Number		
	10/27/1988		(610) 803-8054		
	Street Address		City		State
	303 W 22ND ST		CHESTER		PA
	Zip Code				
	19013				
Gender	License Number	License State	Class	Expiration Date	Owner/Driver
MALE	29261972	PA	C	10/28/2016	PRIVATE VEHICLE OWNED/LEASED BY DRIVER
Driver Presence		Physical Condition		Primary Vehicle Code Violation	
DRIVER OPERATED VEHICLE		APPARENTLY NORMAL			
Alcohol/Drugs Suspected		Alcohol Test Type		Alcohol Test Results	
NO		TEST NOT GIVEN			
Driver Action NO CONTRIBUTING ACTION					
Pedestrian Action		Pedestrian Signals		Pedestrian Clothing	Pedestrian Location
1st Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
STRUCK BY UNIT 1				YES	
2nd Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
3rd Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number
4th Harmful Event		Left or Right Side		Most Harmful	Utility Pole Number

Vehicle Information	Owner First Name		Owner MI	Owner Last Name or Business Name		Suffix
	RONALD			GREEN		
	Street Address		City		State	Zip Code
	303 W 22ND ST		CHESTER		PA	19013
	Vehicle Type		Special Usage		Government Equipment Number	
	AUTOMOBILE		NOT APPLICABLE			
	Model Year	Vehicle Make	Vehicle Model	Vehicle Color	VIN	
	2006	DODGE	CHARGER	BLACK	2B3KA43G96H333793	
	License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By	
	JBC7143	PA	030	YES	PHILADELPHIA PARKING AUTH	
	Insurance	Insurance Company		Policy Number		Expiration Date
	YES	STATE FARM		2067360B0138		08/01/2015
	Direction of Travel	Vehicle Position		Vehicle Movement		Initial Impact Point
	SOUTH	LEFT LANE		SLOWING/STOPPING IN LANE		6 O'CLOCK
	Damage Indicator	Gradient	Road Alignment	Possible Vehicle Failures		
MINOR	LEVEL	STRAIGHT	NONE			
Trailing Units	# of Units	Type Unit 1	Tag Number		Tag Year	Tag State
	0					
	Unit Make		Unit Owner			
	Type Unit 2	Tag Number		Tag Year	Tag State	
Unit Make		Unit Owner				
Motorcycle	Engine Size	Passenger?	Saddle Bag/Trunk?		Trailer?	Driver Education?
	cc					
	Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?
						Long Pants?
Passenger?	Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	Long Sleeves?	Long Pants?
						Over Ankle Boots?
Pedalcycle	Passenger?		Helmet?			
	Head Lights?		Rear Reflectors?			

Incident Number: M03-1561302

Police Crash Report

REPORTABLE CRASH

Crash Involves:

☐ DUI ☐ Fatality ☐ Hit and Run ☐ Commercial Vehicle ☐ State Police Vehicle ☐ Local Police Vehicle
☒ N/A ☐ Work Zone ☐ ATV ☐ Snowmobile ☐ Commonwealth Vehicle ☐ Local Gov Vehicle

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	001	JOHN	R	LUIS		05/28/1986
	Street Address			City		State	Zip Code
	2501 FORD RD			BRISTOL		PA	19007
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
	(405) 600-5188	NO	DRIVER	MALE	NOT INJURED		
Seat Position	Safety Equipment 1						
DRIVER - ALL VEHICLES	LAP AND SHOULDER BELT USED						
Safety Equipment 2	Extrication						
AIR BAG NOT DEPLOYED - SWITCH ON	NOT EXTRICATED						
Ejection	Ejection Path						
NOT EJECTED	NOT EJECTED/NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	002	002	RONALD	C	GREEN	JR	10/27/1988
	Street Address			City		State	Zip Code
	303 W 22ND ST			CHESTER		PA	19013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
	(610) 803-8054	YES	DRIVER	MALE	MINOR INJURY		
Seat Position	Safety Equipment 1						
DRIVER - ALL VEHICLES	LAP AND SHOULDER BELT USED						
Safety Equipment 2	Extrication						
AIR BAG NOT DEPLOYED - SWITCH ON	NOT EXTRICATED						
Ejection	Ejection Path						
NOT EJECTED	NOT EJECTED/NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	003	JOSHUA	A	SELLERS		04/17/1992
	Street Address			City		State	Zip Code
	2501 FORD RD			BRISTOL		PA	19007
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
	(214) 773-7091	NO	PASSENGER	MALE	NOT INJURED		
Seat Position	Safety Equipment 1						
FRONT SEAT RIGHT SIDE	LAP AND SHOULDER BELT USED						
Safety Equipment 2	Extrication						
AIR BAG NOT DEPLOYED - SWITCH ON	NOT EXTRICATED						
Ejection	Ejection Path						
NOT EJECTED	NOT EJECTED/NOT APPLICABLE						

Notified	Person/Business Notified	Phone Number	Date Notified	Time Notified hrs.
	Reason for Notification			

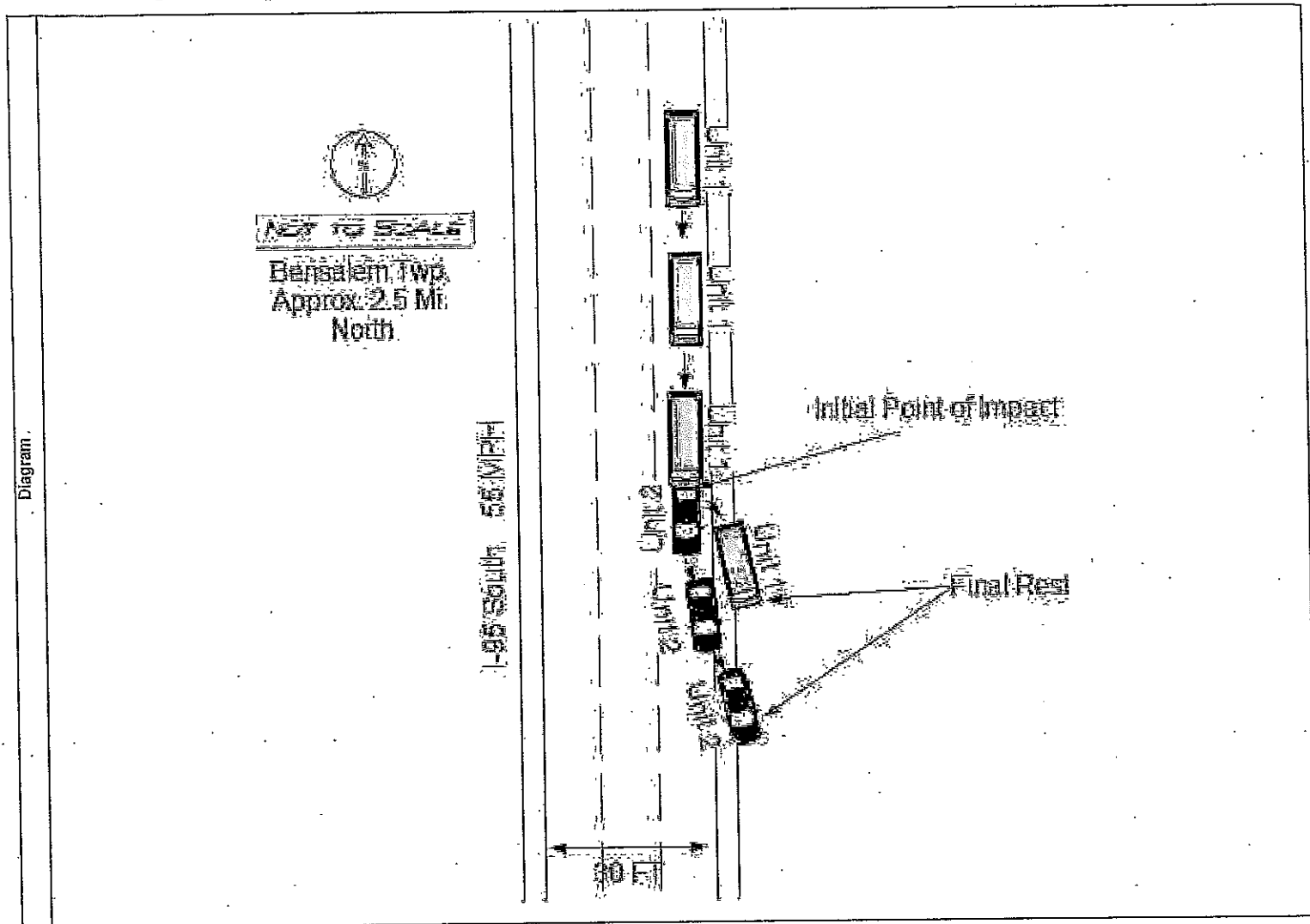
Incident Number: M03-1561302

Police Crash Report

Crash Involves:

☐ DUI☐ Fatality☐ Hit and Run☐ Commercial Vehicle

REPORTABLE CRASH

☐ State Police Vehicle☐ Local Police Vehicle☒ N/A☐ Work Zone☐ ATV☐ Snowmobile☐ Commonwealth Vehicle☐ Local Gov Vehicle

NARRATIVE

Crash Synopsis

This crash occurred as Unit 2 was traveling South on I-95 in the area of mile marker 33.7, Bensalem Twp., Bucks Co. Unit 2 was in the left lane slowing for traffic. Unit 1 was traveling behind Unit 2, failed to slow and struck Unit 2 from the rear. Both vehicles came to final rest on the left shoulder facing South.

Operator 2 sustained a minor injury to his neck and was transported by EMS to Aria Torresdale Hospital.

Both Units sustained minor damage. Unit 1 was driven from the scene. Unit 2 was towed from the scene by the Philadelphia Parking Authority.

Operator 1 was cited for PAVC 3361 Driving Vehicle at Safe Speed. Citation filed at District Court 07-1-04.

Crash Details

This crash occurred as Unit 2 was traveling South on I-95 in the area of mile marker 33.7, Bensalem Twp., Bucks Co. Unit 2 was in the left lane slowing for traffic. Unit 1 was traveling behind Unit 2, failed to slow and struck Unit 2 from the rear. Both vehicles came to final rest on the left shoulder facing South.

OBSERVATIONS:

Commonwealth of Pennsylvania

Police Crash Report

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☐ State Police Vehicle☐ Local Police Vehicle☒ N/A☐ Work Zone☐ ATV☐ Snowmobile☐ Commonwealth Vehicle☐ Local Gov Vehicle

Crash Details

Upon my arrival I observed both Units in their positions of final rest. There was minor damage to the rear bumper of Unit 2 and the front end of Unit 1. Trooper KOVACS from PSP Belmont was on scene. Operator 2 had been transported to Aria Torresdale Hospital for neck pain.

INTERVIEWS:

Operator 1 was interviewed on 121014 at approximately 1805 hours on scene. He explained that he was traveling in the left lane, traffic had backed up and the vehicle in front of him stopped suddenly. He failed to stop in time and struck the rear end of Unit 2. Operator 2 related that he was not injured and he was wearing his seat belt.

Operator 2 was interviewed on 121014 at approximately 1740 hours on scene and again at 2100 hours by phone. He explained that he had slowed for traffic in front of him and was struck from behind by Unit 1. He was wearing his seat belt but he suffered an injury to his neck and had a migraine.

The front seat passenger of Unit 1 was interviewed on 121014 at approximately 1810 hours on scene. He related the same information as Operator 1. He also advised me that he was wearing his seat belt and he was not injured.

DETAILS:

Trooper KOVACS assisted on scene with interviews and he also contacted the Philadelphia Parking Authority to tow Unit 2.

Unit 1 was driven from the scene.

Bensalem EMS assisted with the transport of Operator 2.

The press release was prepared and submitted.

Operator 1 was cited for PAVC 3361 Driving Vehicle at Safe Speed, reference citation number T2557591-1. Citation filed at District Court 07-1-04.